
Planned Parenthood Advocates of Oregon

February 11, 2020

Chair Salinas, Vice-Chairs Nosse and Hayden, and Members of the House Committee on Health Care,

As the state's leading political voice for reproductive health care, Planned Parenthood Advocates of Oregon urges strong support for HB 4161. We believe that access to high quality healthcare is a fundamental human right. This human right will not be limited by race, ethnicity, gender, age, socio-economic status, sexual orientation, gender identity, disability, national origin or religious affiliation. We must prioritize the pursuit of diversity, equity and inclusion within healthcare in order to reduce the different health disparities experienced by each community and to ensure that exceptional and compassionate healthcare is accessible to all people. By establishing the definition for Regional Health Equity Coalitions (RHEC) in statute and by making investments to ensure that the RHEC model is implemented with fidelity—through adequate funding and staffing—HB 4161 is an important part of working towards health equity.

No matter where people live racism, classism, and other systems of oppression negatively affect people's health. These systems create barriers to resources like education, safe homes and neighborhoods, jobs, and health care. People of color, LGBTQ individuals, tribal communities, people with disabilities, people of low socioeconomic status, and those living in rural areas all experience health disparities. While increased access to comprehensive sex education has allowed Oregon to see a decline in sexual activity among 8th and 11th graders and a falling teen pregnancy rate, disparities in sexual health persist among youth of color, LGBT youth, youth with disabilities, and youth in rural areas.¹ From 2010 to 2016, Benton County had the lowest teen birth rate (4.5 per 1,000), while Malheur County had the highest (23.1 per 1,000).² Due to ongoing barriers in access to health care and sexual health information, the highest rates of teen pregnancy in Oregon are among African American, American Indian and Alaska Native, and Latina teens.³ Risk of new HIV infection is also higher among African Americans and Latina(o) than among non-Latina(o) Whites.⁴ These health disparities also extend to the maternal health outcomes among Black and Native Oregonians. The U.S. is facing a maternal health crisis: we are the only developed country in the world with consistently rising maternal mortality rates and in the last decade those rates have doubled. This crisis overwhelming affects Black and Native American women, who are three to four times more likely than white women of dying from complications during child birth.⁵ In Oregon, the number of maternal deaths has ranged from 4 to 12 per year, but these numbers likely undercount actual deaths by at least one third and do not account for the approximately 50 women a year who suffer from severe health complications from pregnancy, labor, and delivery.⁶ Oregon ranks 25 out of the 50 states in maternal harm.⁷

HB 4161 puts the infrastructure and funding in place to support regional, community-driven, culturally-specific, cross-sector strategies that promote equity and reduce health disparities. It utilizes an approach that recognizes the impact of structural, institutional, and interpersonal racism on the health and well-being of communities of color and meaningfully engages those communities to lead efforts and build systems and policy changes that leverage the community's assets and strengths. HB 4161 focuses on issues impacting underserved communities of color, Oregon's nine federally recognized Indian tribes, immigrants, refugees, migrant and seasonal farmworkers, low-income populations, persons with disabilities and lesbian, gay, bisexual, transgender and questioning communities in rural and urban areas.

Planned Parenthood Advocates of Oregon recognizes the importance of holistic health: An individual's well-being is not only affected by the services they receive, but by social determinants of health. The patients our Planned Parenthood health

¹ <https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/state-health-assessment-full-report.pdf>

² Ibid

³ Ibid

⁴ Ibid

⁵ Creanga, A.A., Syverson, C., Seek, K., & Callaghan, W.M. (2017). Pregnancy-related mortality in the United States, 2011-2013. *Obstetrics & Gynecology*, 130(2), 366-373.

⁶ <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/Documents/MaternalMortalityBackgrounder2018.pdf>

⁷ <https://www.usatoday.com/in-depth/news/investigations/deadly-deliveries/2018/07/26/maternal-mortality-rates-preeclampsia-postpartum-hemorrhage-safety/546889002/>

centers serve are impacted by an intersection of issues, experiences, and barriers to health beyond sexual and reproductive health and rights. HB 4161 works to empower diverse groups to become involved in developing unique, culturally appropriate and sustainable solutions to address the pervasive issues of inequity facing communities of color and those living at the intersection of race/ethnicity and other marginalized identities. We respectfully urge your support for HB 4161.

Sincerely,

Emily McLain
Executive Director
Planned Parenthood Advocates of Oregon